

FINANCIAL AFFIDAVIT			
IN SUPPORT OF REQUEST FOR ATTORNEY'S FEE OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE			
IN THE CASE OF		IN UNITED STATES <input type="checkbox"/> MAGISTRATE <input checked="" type="checkbox"/> DISTRICT <input type="checkbox"/> APPEALS COURT or <input type="checkbox"/> OTHER PANEL (Specify below)	
<u>USA</u> v.s. <u>BANNERMAN</u>		FOR	<div style="border: 1px solid black; padding: 5px;">LOCATION NUMBER</div>
		AT	
PERSON REPRESENTED (Show your full name) <div style="border: 1px solid black; padding: 5px; width: 100px; float: left;"> </div> <u>SCOTT MYERS</u>		1 <input checked="" type="checkbox"/> Defendant—Adult 2 <input type="checkbox"/> Defendant - Juvenile 3 <input type="checkbox"/> Appellant 4 <input type="checkbox"/> Probation Violator 5 <input type="checkbox"/> Parole Violator 6 <input type="checkbox"/> Habeas Petitioner 7 <input type="checkbox"/> 2255 Petitioner 8 <input type="checkbox"/> Material Witness 9 <input type="checkbox"/> Other	
CHARGE/OFFENSE (describe if applicable & check box →) <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor		<div style="border: 1px solid black; padding: 5px;"> DOCKET NUMBERS Magistrate District Court <u>03-10370-DPW-</u> Court of Appeals <u>07</u> </div>	

ASSETS	EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self-Employed Name and address of employer: _____ IF YES, how much do you earn per month? \$ _____ IF NO, give month and year of last employment _____ How much did you earn per month? \$ _____	
		If married is your Spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, how much does your Spouse earn per month? \$ _____ If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____	
	OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <div style="display: flex; justify-content: space-between;"> <div> IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES RECEIVED \$ _____ SOURCES _____ </div> </div>	
	CASH	Have you any cash on hand or money in savings or checking accounts? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF YES, state total amount \$ <u>20.00</u>	
	PROP-RTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <div style="display: flex; justify-content: space-between;"> <div> IF YES, GIVE THE VALUE AND \$ DESCRIBE IT VALUE _____ DESCRIPTION _____ </div> </div>	

OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED	Total No. of Dependents _____ List persons you actually support and your relationship to them _____ _____ _____															
	DEBTS & MONTHLY BILLS	APARTMENT OR HOME: _____ (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CREDIT ACCOUNTS, ETC.)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Creditors</th> <th style="width: 20%;">Total Debt</th> <th style="width: 40%;">Monthly Paymt.</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> </tbody> </table>	Creditors	Total Debt	Monthly Paymt.	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____
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_____	\$ _____	\$ _____																
_____	\$ _____	\$ _____																
_____	\$ _____	\$ _____																
_____	\$ _____	\$ _____																

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

DEC - 8 2003

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)